MECHANICAL, ELECTRICAL, PLUMBING (MEP) PERMIT APPLICATION PACKET

Mechanical, Electrical & Plumbing (MEP) Permits are needed for projects that involve mechanical, electrical and/or plumbing work only. If a project includes anything "more" – like a finished basement that includes plumbing work, or solar panels that include electrical work – a Building Permit is needed.

Note… a permit is **not** needed if you are repairing/replacing (1) an existing HVAC system, (2) an existing electrical switch, or (3) an existing sink, commode, tub, shower or other plumbing fixture that does not require altering a drain or venting device.

If you're unsure if your project needs a MEP Permit please call the Township at (717) 336-1720.

MEP PERMIT APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

1) **MEP PERMIT APPLICATION.** Complete all applicable sections of the MEP Permit Application, and sign and date the application.
2) **PLANS.** Plans must include detailed information and all relevant specifications for the proposed work. All plans must include a floor plan drawing of the project area. Four sets of plans must be submitted. In addition, all plumbing plans for work at commercial properties must be signed and sealed by a licensed architect or professional engineer.
3) **BUILDING AND IMPERVIOUS COVERAGE CALCULATIONS.** There is a limit to how much impervious surface can be added to any property in the Township. But for most MEP projects the work to be done doesn't create additional building or impervious coverage, in which case there's no need to complete this form. But if the project includes new building or impervious surfaces – like installing a concrete pad for an emergency generator – you'll need to calculate how much building and impervious coverage exists today, and how much will exist after the project is completed (page 3). Some of the information you'll need to complete this calculation – like the property size, house dimensions, and tax parcel number – can be found at lancasterpa.devnetwedge.com.
4) **CERTIFICATE OF INSURANCE.** If your project is being completed by a contractor, the contractor must provide a certificate of insurance that names the Township as a certificate holder and additional insured, to be listed as "East Cocalico Township, 100 Hill Road, Denver PA 17517." The contractor must also complete the Pennsylvania Workers Compensation Insurance Coverage Information form (Page 4).
5) **HOME IMPROVEMENT CONTRACTOR VERIFICATION.** If your project is at a residential property and the work is being completed by a contractor, State Law requires the contractor to register as a home improvement contractor with the Office of the Pennsylvania Attorney General. Ask your contractor to provide his/her current license, or visit hicsearch.attorneygeneral.gov to download and print the contractor's license status (it must be valid), and submit this information to the Township.
6) **PERMIT FEE.** The permit fee must be paid at the time the application is submitted. Fees vary by project type. Visit ect.town to view the current Fee Schedule. Cash or check only (no cards). Checks payable to East Cocalico Township. Mail and/or drop off (M-F 7am-4:15pm) your permit with fee to: East Cocalico Township, 100 Hill Road, Denver, PA 17517. Permits received without the fee will be placed on hold until the fee is received.
7) **NO WORK SHALL BEGIN** UNTIL THE PERMIT HAS BEEN ISSUED.

Questions? Call the Township at (717) 336-1720, or e-mail twp@ect.town.

EAST COCALICO TOWNSHIP

100 Hill Road, Denver, PA 17517

717-336-1720 ♦ ect.town ♦ Mon-Fri 7am-4:30pm

MECHANICAL, ELECTRICAL, PLUMBING (MEP) PERMIT APPLICATION

ZONING APPROVED : _____ **PERMIT # :** _____
Approved by Date

PROPERTY INFORMATION:

Tax Parcel #: 080- - 0-0000
Example: 080-00000-0-0000

ZONING DISTRICT: (check one)

- ☐ Agricultural
- ☐ Conservation
- ☐ Light Industrial
- ☐ Rural Residential
- ☐ Other *(describe below)*
- ☐ Suburban Residential
- ☐ Mobile Home Park
- ☐ General Commercial

Address: _____
Address, City, State, Zip

APPLICANT INFORMATION

Name: _____

Address: _____

Phone: _____ E-Mail: _____
(area code)

APPLICANT INFORMATION *(if not property owner)*

Name: _____

Address: _____

Phone: _____ E-Mail: _____
(area code)

CONTRACTOR INFORMATION *(if any)*

Name: _____

Address: _____

Phone: _____ E-Mail: _____
(area code)

CHECK APPROPRIATE BOXES

- ☐ Mobile Home or Manufactured Dwelling
- ☐ Two Family Dwelling
- ☐ Addition or Alteration
- ☐ Non-residential: _____
- ☐ Single Family Dwelling
- ☐ Apartment or Condominium
- ☐ Sewer Lateral
- ☐ Water Lateral

THE SCOPE OF WORK INCLUDES

PLAN CHECKLIST

FOUR copies of the plan must be submitted. Plans must include the following (where applicable)

1) an accurate floor plan that shows existing and proposed improvements;
2) product and equipment specifications;
3) detailed drawings; and,
4) plans and drawings signed and sealed by a licensed architect or professional engineer for plumbing work at commercial properties.

ACKNOWLEDGMENT & SIGNATURE

As Owner or authorized agent of the project I certify that:

- To the best of my knowledge and belief, all information herein true, correct, and complete, and I understand that any false statement may result in a work stoppage and/or revocation of this Permit.
- This project will be constructed and/or use conducted in accordance with the approved Permit and pursuant to all applicable Township ordinances.
- By signing this application, I hereby authorize the East Cocalico Township Zoning Officer, Building Inspector, or other Township representative to enter the property if necessary to confirm compliance with the Permit and applicable Township ordinances.
- Any proposed changes to this project or use after the Permit is issued will require approval by the East Cocalico Township.

Signature: _____ Date: _____

LOT COVERAGE CALCULATIONS & STORMWATER REQUIREMENTS

APPLICANT: _____

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

Please complete the calculations below to determine the total existing and proposed lot coverages, and return this form with your permit application. This information is needed to issue a permit for your project. This form is also used to determine if stormwater management will be required for your project.

STEP 1: CALCULATE EXISTING LOT COVERAGE

A.	_____	sf	existing home / office / building
B.	_____	sf	existing garage
C.	_____	sf	existing shed
D.	_____	sf	existing driveways & walkways
E.	_____	sf	existing patio (do not include if constructed with pervious pavers)
F.	_____	sf	existing pool and coping
G.	_____	sf	existing covered deck
H.	_____	sf	existing other
I.	0.00	sf	total existing lot coverage *(add Lines A through H)*
J.	_____	sf	property size (to find your property size, visit lancasterpa.devnetwedge.com) existing %
K.	0.00%	sf	lot coverage *(Line I divided by Line J)*

STEP 2: CALCULATE PROPOSED LOT COVERAGE CHANGES

L.	_____	sf	for all proposed improvement(s):	_____
M.	_____	sf	for all impervious area(s) to be removed:	_____
N.	0.00	sf	proposed net change in impervious area *(Line L minus Line M)*	

STEP 3: CALCULATE PROPOSED LOT COVERAGE

O.	_____	sf	for all proposed improvement(s):	_____
P.	_____	sf	for all impervious area(s) to be removed:	_____

STEP 4: DETERMINE STORMWATER MANAGEMENT REQUIREMENTS

Q.	0.00	sf	proposed net change in impervious area *(Line N)*
R.	_____	sf	impervious area added 8/6/2003 to present (not included in current stormwater mgmt.)
S.	0.00	sf	area requiring stormwater management *(add Line Q and Line R)*

If Line S is less than 1,000 sf, then the stormwater management is waived for now.

If Line S is between 1,000 and 1,999 sf, a simplified stormwater management plan ("small project") is required.

If Line S is 2,000 sf or greater, then a complete engineered stormwater management plan is required.

PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. The Applicant Is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law ☐ Yes ☐ No

If the answer is "Yes" complete Section B and C below as appropriate.

B. Insurance Information

Name of Company: _____ Phone: _____

Address: _____ Contact Name: _____

☐ **Applicant is a qualified self-insurer for workers' compensation**

Attach insurance certificate

☐ **Applicant carries workers' compensation coverage with an insurance company**

Name of Workers' Compensation Insurer: _____

Workers' Compensation Policy No.: _____ Policy Expiration Date: _____

Attach insurance certificate

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

☐ **Contractor with no employees.** Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

☐ **Religious exemption under the Workers' Compensation Law.**

D. Signature

My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation Insurance as need and verifies that all statements made above are true**. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act, I must sign this form in front of a notary public.**

Signature: _____ Date: _____

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF LANCASTER

ON THIS, the _____ day of _____, 202____ , before me, the undersigned officer, personally appeared _____, and being authorized to do so, executed this instrument for the purposes contained herein.

IN WITNESS WHEREOF, I hereto set my hand and official seal.

_____

SEAL

NOTARY PUBLIC
My commission expires: _____

FOR CODE ADMINISTRATOR USE ONLY
ADDITIONAL PERMITS/APPROVALS REQUIRED

PERMIT # _____

☐	STREET CUT/DRIVEWAY	APPROVED _____
☐	PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
☐	DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
☐	EROSION AND SEDIMENT CONTROL PLAN	APPROVED _____
☐	SEWER CONNECTION	APPROVED _____
☐	ON-LOT SEPTIC	APPROVED _____
☐	ZONING	APPROVED _____
☐	PUBLIC WATER CONNECTION	APPROVED _____
☐	STORMWATER	APPROVED _____
☐	OTHER _____	APPROVED _____

APPROVALS

BUILDING PERMIT DENIED: Date _____ Date Returned: _____

BUILDING PERMIT APPROVED: Date _____

CODE ADMINISTRATOR _____

Date Issued: _____ Date Expires: _____

BUILDING PERMIT FEE	$ _____	Receipt # _____
ZONING PERMIT FEE	$ _____	Receipt # _____
PLUMBING PERMIT *(if appl.)*	$ _____	Receipt # _____
MECHANICAL PERMIT *(if appl.)*	$ _____	Receipt # _____
ELECTRICAL PERMIT *(if appl.)*	$ _____	Receipt # _____
DRIVEWAY PERMIT *(if appl.)*	$ _____	Receipt # _____
CURB AND SIDEWALK *(if appl.)*	$ _____	Receipt # _____
CERTIFICATE OF OCCUPANCY	Y or N	FEE: $ _____
PLAN REVIEW	Y or N	FEE: $ _____

ZONING INFORMATION

LOT SIZE: _____ ZONE: _____

Minimum Setback Front Yard (from right-of-way line) _____

Minimum Setback Rear Yard _____

Minimum Setback Side Yard – Each Side / Aggregate _____

BUILDING DIMENSIONS

Existing Building Area:	_____ sq. ft.	Number Of Stories:	_____
Proposed Building Area:	_____ sq. ft.	Height of Structure Above Grade:	_____ ft.
Total Building Area:	_____ sq. ft.	Area of the Largest Floor:	_____ sq. ft.

THIS PAGE FOR CODE ADMINISTRATOR USE ONLY